Zika-Epidemiological Report

Suriname

25 September 2017

**Figure 1.** Suspected and confirmed Zika cases by epidemiological week (EW). Suriname. EW 32 of 2015 to EW 22 of 2017.

Source: Data provided by the Suriname Ministry of Health to PAHO/WHO

**FIRST AUTOCHTHONOUS VECTOR-BORNE CASES**

In epidemiological week (EW) 44 of 2015, the Suriname International Health Regulations (IHR) National Focal Point (NFP) notified PAHO/WHO of the detection of the first case of autochthonous vector-borne transmission of Zika virus.

**GEOGRAPHIC DISTRIBUTION**

As of EW 22 of 2017, all ten districts of Suriname have reported suspected cases of Zika. The latest confirmed Zika case was reported in EW 10 of 2017 from the district of Paramaribo.

**TREND**

Information regarding Zika cases in Suriname is only available up to EW 22 of 2017. Zika cases have been reported in Suriname since late 2015 (Figure 1). Most of the cases have been detected between EW 1 to EW 11 of 2016, with an average of 250 cases per week. Since then, there has been a steady decrease in the weekly incidence of suspected and confirmed cases. No Zika cases have been reported in the last 11 reported weeks (EW 12 to EW 22 of 2017).

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1 Reported by the Suriname IHR NFP to PAHO/WHO on 13 June 2017


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CIRCULATION OF OTHER ARBOVIRUSES

No data is available for dengue and chikungunya cases in 2017 for Suriname.

In 2016, 6 probable dengue cases (1 case per 100,000 population), including one laboratory-confirmed case, were reported in Suriname up to EW 46. In 2015, 15 probable cases (3 cases per 100,000), including six laboratory-confirmed cases, were identified up to EW 52. In 2014, 197 probable cases (36 cases per 100,000), including 13 laboratory-confirmed cases, were reported up to EW 53.

In regard to chikungunya, three suspected cases (1 case per 100,000) were reported in 2016. By contrast, in 2014, 1,210 laboratory-confirmed cases (225 cases per 100,000) were registered up to EW 43.

ZIKA VIRUS DISEASE IN PREGNANT WOMEN

As of EW 35 of 2017, health authorities in Suriname have not reported any Zika virus cases in pregnant women to PAHO/WHO.

ZIKA COMPLICATIONS

ZIKA-VIRUS-ASSOCIATED GUILLAIN-BARRÉ SYNDROME (GBS)

Between EW 39 of 2015 and EW 22 of 2017, health authorities in Suriname have reported 18 cases of Guillain-Barré syndrome (GBS), four of which have been laboratory-confirmed for Zika virus infection between EW 52 of 2015 to EW 7 of 2016 (Figure 2). The distribution of GBS cases and suspected Zika cases by EW is compared in Figure 3.

Figure 2. Number of hospitalized GBS cases per year. Suriname. 2011 to 2017 (as of EW 22).
CONGENITAL SYNDROME ASSOCIATED WITH ZIKA VIRUS INFECTION

No cases of congenital syndrome associated with Zika virus infection has been reported in 2017 by the Suriname health authorities to PAHO/WHO. In 2016, the Suriname IHR NFP reported a total of four confirmed, ten probable, and four suspected cases of congenital syndromes associated with Zika virus infection.1

DEATHS AMONG ZIKA CASES

No deaths among Zika cases have been reported in 2017 by the Suriname health authorities to PAHO/WHO. In 2016, four deaths among confirmed Zika cases were reported by the Suriname Ministry of Health. All four cases were males older than 55 years of age, with underlying clinical conditions.1

NATIONAL ZIKA SURVEILLANCE GUIDELINES

No information is available on the national guidelines for Zika virus surveillance.

LABORATORY CAPACITY

Laboratory confirmation of suspected cases of Zika virus is performed by molecular detection (real time RT-PCR) by the Academic Hospital of Paramaribo (AZP). Confirmation by ELISA (IgM) is available through the Pasteur Institute in Cayenne. The Central Laboratory at the Ministry of Health utilizes serology for differential diagnosis.

 INFORMATION-SHARING

The Suriname Ministry of Health provides PAHO/WHO with their epidemiological report on Zika virus periodically. At the time of this report, the latest available Zika information shared by the Suriname IHR NFP was from EW 22 of 2017.